Express Mail Label EV335516447US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: RYKOWSKI ET AL.

APPLICATION No.: 10/653,559

FILED: 09/02/2003

FOR: METHOD AND APPARATUS FOR VISUAL
DISPLAY CALIBRATION SYSTEM

EXAMINER:

ART UNIT: 2673

CONF. No: 3217

Response to Notice to File Corrected Application Papers

Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

1. In response to the Notice to File Corrected Application Papers mailed November 24, 2003 (copy enclosed), applicant submits the following:
 - ☐ A Petition for -Month Extension of Time
 - ☐ An Executed Declaration of Inventorship
 - ☐ A Power of Attorney by Assignee
 - ☐ A Preliminary Amendment
 - ☒ An Information Disclosure Statement, Form PTO-1449, and references (if appropriate)
 - ☐ A Sequence Listing printout, floppy diskette, Matching Declaration under 37 C.F.R. § 1.821, and copy of Sequence Listing Notice
 - ☐ A copy of an assignment recordation cover sheet for informational purposes only (Form PTOL-1595) for assignment(s) being filed separately.
 - ☐ Authorization for Extensions
 - ☒ 7 Sheets of Formal Drawings, Figures 1-7
 - ☒ Copy of Notice

2. Authorization for Extensions of Time Under 37 C.F.R. § 1.136 (a)(3)


Applicant petitions for an Extension of Time if necessary for timely filing of this Response. The Commissioner is authorized to treat this or any future reply requiring a Petition for Extension of Time under 37 C.F.R. § 1.136 (a)(3) for its timely submission as incorporating a petition therefor for the appropriate length of time. Please charge all required extension of time fees in this application to Deposit Account No. 50-0665.

3. Fee Calculation and Payment

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$385.00	or		\$770.00
Total Claims	28	0	x \$ 9 =	\$0	or	x \$ 18 =	\$-
Independent Claims	3	0	x \$43 =	\$0	or	x \$ 86 =	\$-
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145 =	\$0	or	+ \$290 =	\$-
Missing Parts Surcharge				\$65.00			\$130.00
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$0	or	TOTAL	\$-

- ☒ Applicant claims small entity status. See 37 C.F.R. § 1.27
- ☐ Enclosed is a check for \$.
- ☐ Please charge \$ to Deposit Account No. 50-0665.
- ☒ Please charge any deficiency or credit to Deposit Account No. 50-0665.
A duplicate copy of this Response is enclosed.

Respectfully submitted,
Perkins Coie LLP



Aaron J. Poledna
Registration No. 54,675

Date: 12/19/03

Correspondence Address:

Customer No. 25096
Perkins Coie LLP
P.O. Box 1247
Seattle, Washington 98111-1247
(206) 359-8000